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Each school should have its alumnæ society, which affiliates with those of other schools, the county, State, and national associations.

By interesting pupil nurses in school, club, and societies and the best literature of the profession, the superintendent broadens and benefits their whole future career. No one can do so much in this direction. Herein lies her strongest influence with her alumnæ.

"In ethics you cannot better the Golden Rule."

Avoid jealousy and envy. Promote a genial friendship and sisterly feeling among pupils, and courtesy to sister nurses, whether acquaintances or not, especially to graduates of the school. Make their return a veritable home-coming and assist them in every way to keep up with the progress of the profession.

THE PREPARATION FOR PRIVATE NURSING

By ANNIE H. ROSS, B.A.

Philadelphia, Pa.

WITH a large number of excellent training-schools, the facilities for the training of the private nurse are few. This seems at first a doubtful statement, since every year each school contributes to the number of private nurses.

Nevertheless, these graduates are but indifferently equipped for the work before them. They may be well-trained in acute work, in the management of a ward, in all departments of surgical nursing, but this is not sufficient to solve the many intricacies of private nursing.

The objection is that where instruction is given in ward work little or none is given in the finer touches of private work. True, most hospitals have private rooms, but invariably where the work is better done the nurses employed are graduates, so that the pupil nurses have little opportunity of acquiring special knowledge.

So often doctors complain that nurses are anxious to leave their patients in the convalescent stage, where the nursing is just as important and requires more tact than in the acute stages. This complaint is most frequently made of young nurses, who are but recent graduates, and may be due to the fact that patients so seldom spend all the stages of convalescence in the hospital that the nurse gets a habit of relinquishing a case once the danger is over; or it may be due to a restlessness born of the constant variety of the large hospital.

Now a great deal of private nursing is of necessity convalescent

nursing, since in almost all cases diet is an important feature. And fortunately such is the case, since it gives the patient an opportunity of readjusting slowly its normal condition, while, on the other hand, the severe anxiety being removed, the nurse has a chance to rest. And from a commercial point of view it pays better, since convalescent nursing does not require such long rests to regain energy expended.

Occasionally we hear with much wonder of a nurse antagonizing her patient. This is more common than may be thought, and no doubt illustrates the danger of ward training, where not the individual, but the class, must be considered. It is usually attributed to temperament, but in a three-years' course temperamental difficulties of such a character ought to be pretty well eliminated, so the training is not always free from blame.

To use an illustration, I once heard of a mother who, being complimented upon the behavior of her children, replied, "I never make points with a child." The same rule applies in caring for a sick or nervous person. If there is a question of right or wrong, well and good, be firm; if there is no question, or the question exists only in your imagination, let it go. Surrendering a few minor points will not necessarily undermine your grasp of the situation.

To *appear* to be in sympathy with a patient is not enough, you must *be* in sympathy; you must cultivate an atmosphere of fellow-feeling. And not enough attention is paid to this very thing, atmosphere. With much anxiety over medicine and nourishment, the temperature of the room, too little attention is paid to that mental barometer which registers the atmosphere of a sick-room. Although every observant nurse must recall many rooms and wards where it was impossible to criticise because a genial atmosphere disarmed them, who has not known a doctor breathe a long sigh of relief and take a more hopeful view of a case because an air of repose pervaded the room?

You will say such things are acquired through observation, not through teaching. True, but one man's observations become another generation's science. What we work out to-day is passed on to the student of to-morrow, that being unhampered with such investigations she may acquire yet more advanced knowledge.

If, then, there might be some well-conducted private hospital or private departments in all general hospitals where the pupil nurses of to-day might have the benefit of the precedents worked out by the nurses of the past, might we not hope to hear less criticism of nurses as a class, of the lack of tact, of the "this" and "that" that is a drawback to the advance of the profession?

To close with a word about the one problem in which a hospital

can give no practical knowledge—the nurse's position in a family. Often unwelcome, too often a trial, she may lighten the burden by considering herself a guest and conducting herself as such—a guest who is determined to give her hostess as little trouble as possible.

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS*

By LILIAN D. WALD

(Concluded from page 519)

THE USE OF LYING-IN HOSPITALS.

As to the use of the lying-in hospitals, the nature of each case so largely governs judgment upon it that it is not easy to advise. It should be remembered, however, that, particularly in the case of the large and well-advertised midwifery hospitals, a married woman often loses social caste by going to them for confinement. Where the family tie is so often strained by hardship and difficult problems, one hesitates to weaken it at a time like this. Surely so when the first baby comes. Illness or lack of work may have left the family, normally careful and thrifty, stranded at the time. I should consider deeply before advising separation of the couple at this time. Perhaps other arguments would prevail when the anxiety as to the household and many children is added. My own personal feelings are rather strong upon this matter, and have not been weakened by my experience in the best maternity hospitals. The mechanical character of the service seems more marked in these hospitals than in any other. Anticipation of abnormal childbirth, however, indicates hospital care, and the instructions as to hospital removal are to be here applied.

Your position is that of adviser to the family, and you should be familiar with the general laws of good housekeeping—ventilation of the rooms, the bedding, and the burning of the sweepings and dressings. All dressings should be burned, but in the summer-time, when kerosene stoves are much in use, this is not easy. Heavy paper bags may be supplied for the dry dressings which may have to be carried to a fire; otherwise the repulsive sight of these dressings on the ash-barrels may result.

It is also proper that you should have some knowledge as to the method of transmission of certain diseases, such as that scarlet fever is transmitted by particles of skin, and therefore vaseline, sweet oil, and

* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.